





# Programs for the Handicapped

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CLEARINGHOUSE ON THE HANDICAPPED

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## **HIGHLIGHTS**

**HHS Announces Major Reforms  
To Disability Benefit Review**

**Madeleine Will Named  
OSERS Assistant Secretary**

**RSA Report Shows Continued Emphasis  
On Severely Disabled**

**ED Reports Shift to Quality  
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**Summary of Selected Legislation: 1980-82**

Department of Education • Office of Special Education and Rehabilitative Services

Office of Information and Resources for the Handicapped • Washington, D.C. 20202

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# HHS Announces Major Reforms To Disability Benefit Review

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In response to concerns expressed by Congress, medical and mental health professional groups, State agencies, and many handicapped individuals, Secretary of Health and Human Services (HHS) Margaret M. Heckler announced June 7 a package of major reforms in the process of reviewing the eligibility of Social Security Disability beneficiaries.

To ease the workload on State agencies and give them more time to review individual cases, the reforms will expand the number of those exempted from the Continuing Disability Investigation (CDI) process by 200,000, bringing the total exempted to more than one million, or 37 percent of the disabled workers now on the rolls.

These new exemptions include people aged 55 and older with certain muscular, lung or circulatory impairments; mentally handicapped persons with IQs below 70 who also have at least one other disability; and people with organic brain syndrome, or senility.

Another 135,000 persons diagnosed as having "functional psychotic disorders" also will be exempt while HHS and "appropriate, compassionate outside experts" have thoroughly reviewed the criteria for judging whether they are unable to work.

"Once we have acceptable standards," said Secretary Heckler, "I will authorize going back to re-review those who may have been dropped from the rolls in the past under existing standards."

The review of disability rolls was mandated by the Congress in 1980 following a General Accounting Office (GAO) audit that revealed as many as one-in-five of the 2.8 million workers then on the rolls were ineligible to receive benefits. "There was an immediate rush to find a remedy," Heckler pointed out, "... to staunch the \$2 billion in annual losses to the hard-pressed Social Security Trust Fund." The result was, of the first 750,000 cases reviewed, about 340,000, or 45 percent, were initially ruled ineligible by the State agencies.

"But, like most of my colleagues, I had no idea that the sudden, three-year review of millions of cases we then mandated might result in hardships and heartbreaks for innocent and worthy disability recipients who would fall through the cracks of the existing long-time, paper-oriented review process that had never before had to cope with such an overwhelming workload," said Heckler, who called the system "too insensitive, too bureaucratic."

The reforms instituted last year, which introduced a "face-to-face" human contact at the very beginning of the review process and set the stage for a face-to-face hearing at the very first level of appeal, represented "a giant step toward humanizing this program," Heckler added. "But we need to go further."

In addition to expanding the exemptions from review, the new reforms also change the way the SSA selects cases for review by State agencies. Selection will now be made on a more random basis, rather than by means of a "profile." This move is intended to sharply reduce the number of initial decisions to stop benefits, and will mean a major reduction in the growing backlog of cases being appealed—freeing staff resources for closer review of the most difficult cases.

Heckler also said she would be proposing legislation "to remove a built-in bias against recipients now in the law that forces the Social Security Administration to review fully two-thirds of all State decisions to allow benefits, but does not mandate a review of decisions to deny benefits."

"I believe that any audit system we use should be absolutely neutral," she added, "which would be the case under my proposal that we review an appropriate mix of both allowance and denial decisions."

Legislation will also be proposed to make permanent the practice of paying benefits to individuals through their first opportunity for a face-to-face evidentiary hearing. "This would replace the temporary legislation passed last December—with Administration support—which provided payment through the Administrative Law Judge level, the first chance anyone now has to take his or her case personally to a decision-maker," said Heckler. "Beginning in January, we will have a new face-to-face hearing process in place nationwide."

This system has been tested, "and it works," Heckler added. "It produces far more favorable decisions very early on in the review process, and far fewer appeals to the Administrative Law Judge level."

Finally, Heckler has ordered the SSA to accelerate its "top-to-bottom review," in consultation with appropriate experts and the States, of any other policies and procedures which have any affect on both the decisions that are made on cases and on the adjudicatory climate in which they are made.

"This review has already paid off in many of the reforms I am announcing today," said Heckler. "I am determined that it be comprehensive. I am determined that it lead to change when it's clear that change is needed."

"Taken together," she concluded, "these reforms will mean the loss of one-third to one-half of the savings projected for this program over the next three years, or \$200 million to \$300 million. The exact amount will depend in part on the outcome of our further review of our policy and procedures."

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## Madeleine Will Named OSERS Assistant Secretary

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President Reagan has announced the appointment of Madeleine C. Will as Assistant Secretary for Special Education and Rehabilitative Services (OSERS). Mrs. Will received Congressional confirmation for her new position on June 28.

Since the birth of her eleven-year-old son, a Down's syndrome child, Mrs. Will has served in official and volunteer capacities with numerous advocacy and professional organizations seeking to protect and expand the rights of disabled people.

Mrs. Will's professional activities include beginning and developing an early intervention program for handicapped children in Montgomery County, MD; active membership in the State and National Associations for Retarded Citizens, including serving on the NARC Government Affairs Committee; research and advocacy on issues affecting care and treatment of handicapped newborns; and advocacy for the development of community based services for handicapped people.

Mrs. Will has also served in the following capacities: panelist for the 1977 White House Conference on Handicapped Individuals; founding member of Real Rights, a national organization working to make the Medicaid system more efficient for serving people with disabilities in community based programs; member of the Review Committee for Selection of Public Policy Fellow, Joseph P. Kennedy Foundation; and Assistant Coordinator of the Seminar on Community-Living Alternatives for Severely Handicapped Children and Adults for the Department of Health and Human Services, Office of Planning and Evaluation.

"During the past decade I have worked at the local, state and national level for the development of a rational continuum of services for handicapped people from the beginning of life through adulthood." Mrs. Will told the Senate Committee on Labor and Human Resources during her confirmation hearing. "My experience has taught me that the service delivery systems at the state and local level cannot be integrated without further effort to coordinate entitlement and discretionary programs for the disabled across the Federal Government. I would like to contribute to the coordination of these programs to maximize the impact of Federal resources."

Mrs. Will stressed the theme of partnership: within OSERS, and between government at every level and the private sector as well as the community of disabled citizens. "We need this partnership to create excellence in educational programming, in rehabilitation services, and in research and service delivery to promote the independence and enhance the dignity of all persons with disabilities," she said.

Mrs. Will holds a M.A. degree from the University of Toronto and a B.A. degree from Smith College. She is a



*Madeleine Will*

member of Phi Beta Kappa, and also serves as a Trustee for Hartford College in Connecticut. She and her husband, George Will, have three children.

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## Handicapped Concerns Office Moved to OSERS

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In an attempt to centralize communications and strengthen linkages with disabled people, the Department of Education has placed the Office of Handicapped Concerns (OHC) in the Office of Special Education and Rehabilitative Services (OSERS).

Formerly located in the Undersecretary's Office of Intergovernmental and Interagency Affairs, the transfer of OHC is designed to enhance the Assistant Secretary's capacity to incorporate the needs of disabled people to the educational programs and employment practices of the Department of Education.

OHC was established in 1978 by the Commissioner of the Office of Education (OE) to provide coordination and leadership in the dissemination of information on OE programs of special interest to handicapped persons. OHC also maintains liaison with handicapped advocacy groups through the media, meetings, conferences and special activities and celebrations. OHC now maintains the same responsibilities for OSERS.

Inquiries on OHC activities should be directed to Chet Avery, Director, Handicapped Concerns Staff, OSERS, U.S. Department of Education, 3122 Switzer Building, 330 C Street, S.W., Washington, DC 20202. Telephone: (202) 245-0873 (voice); or (202) 472-3731 (TDD).

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## RSA Annual Report Shows Continued Emphasis On Severely Disabled

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The total caseload activity in State vocational rehabilitation agencies declined by 7.7 percent in Fiscal Year 1982, but the proportion of severely disabled persons among the total caseload continued to increase, according to the *Annual Report of the Rehabilitation Services Administration to the President and Congress on Federal Activities Related to the Administration of the Rehabilitation Act of 1973, as amended*.

Of the 958,537 persons receiving rehabilitation services in FY 1982, 571,542 or 59.2 percent were severely disabled, the highest such proportion ever recorded. Also a record was the 57.2 percent or 129,866 severely disabled persons rehabilitated in FY 1982. However, the total number rehabilitated, 225,924, represents a decline of 11.3 percent from the previous year.

The steady decline in caseloads in recent years is attributed generally to a continuing emphasis on serving severely disabled persons "for whom services are considerably more expensive and somewhat more time-consuming," according to the RSA Annual Report.

Other highlights of the Annual Report were:

- Over 9,509 *blind* and 13,735 *visually impaired* individuals have been successfully rehabilitated during Fiscal Year 1981, the last year data have been collected. This represents an increase in the percent of blind rehabilitants to the overall total number of rehabilitated individuals over the previous year.
- In FY 1982, an estimated 18,736 persons with *communications disabilities* were rehabilitated. Deaf people accounted for 7,193, while 10,043 were hard of hearing and 1,500 had speech or language impairments. This reflects a general downward trend in numbers of communication impaired people rehabilitated annually.
- Over 65 *Projects With Industry* affiliated with more than 2,500 private corporations were funded for more than \$7.5 million in FY 1982. During this same period, 11,000 disabled persons, most of whom were severely disabled, were served by this program.
- *Case management practices* within State rehabilitation agencies continued to be improved in 1982 because of extensive training in the use of the Case Review Schedule developed by San Diego University. Also, job development and placement training were emphasized in all projects with five new projects funded for this purpose in FY 1982.

- Fourteen new *Centers for Independent Living* two-year projects were awarded funds in 1982. Six projects were continued. Since the program began in 1982, there continues to be at least one Center program in each of the 50 States, Puerto Rico, and the Virgin Islands.

- Analysis of FY 1982 accomplishment reports from Federal agencies on the *employment of handicapped* individuals found 71 agencies were satisfactory and 19 agencies were unsatisfactory. Ten agencies submitted no report. Combined work force data from these agencies indicate that the number of handicapped individuals decreased during the reporting period. The Office of Personnel Management is tracking the impact of agency reductions in force on disabled Federal employees.

- Based on preliminary analysis of regional reports, the Office for Civil Rights (OCR) received 469 individual complaints in FY 1982 alleging discrimination in programs and activities receiving funds from the Department of Health and Human Services. This compares with 937 complaints received in FY 1980 and 706 in FY 1981. OCR completed action on 537 discrimination complaints in FY 1982, and initiated 121 compliance reviews of hospitals and State health or human services agencies.

OCR also received 836 complaints alleging discrimination against programs and activities receiving funds from the Department of Education. Of these complaints, 71 percent involved elementary and secondary institutions, and 29 percent involved postsecondary education/vocational rehabilitation institutions and other education related institutions. OCR was able to resolve 1,030 complaints in FY 1982.

- The *Architectural and Transportation Barriers Compliance Board* (A&TBCB) received 119 complaints in 1982, bringing to 816 the number of complaints the Board has processed since beginning operations in March 1975.

- The *Office of Federal Contract Compliance Programs* (OFCCP) conducted 2,135 service and supply compliance reviews covering approximately 2.3 million workers in facilities throughout the country. In addition, almost 1,450 complaints of discrimination were received from handicapped individuals. In this same period, some 1,845 cases were investigated, conciliated, and closed, with backpay of \$613,773 as a remedy affecting a total of 134 individuals.

Copies of the Annual Report will be available at a future date from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. *Programs for the Handicapped* will announce the price and order number at that time.

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## ED Reports Shift From Procedure to Quality In Implementing P.L. 94-142

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In the *Fifth Report to Congress on the Implementation of P.L. 94-142*, the Education Department (ED) says that while the states still have some problems with meeting the requirements of the Act, there has been a shift from primarily procedural concerns to the quality and comprehensiveness of the education provided for handicapped children.

As in previous years, the report shows a continued growth in the numbers of children receiving special education and related services adding 55,593 children during the 1980-81 school year. However, 15 states reported decreases in the numbers of children served, particularly among speech impaired and mentally retarded from 6 to 17 years of age.

The most dramatic increase took place in the learning disabled category where the number of children served was 1,627,344 compared with 830,132 served in 1976-77. Growth also occurred in the categories of multihandicapped and emotionally disturbed children. Several categories showed decreases—speech impaired, mentally retarded, other health impaired, deaf and hard of hearing, and visually handicapped. All but seven states reported a decline in the numbers of mentally retarded children served.

As the numbers of children served increase, the personnel responsible for their education also is increasing. Special education teachers and related services personnel increased from 435,584 to 440,011. However, related services staff (psychologists, occupational and physical therapists, etc.) decreased from 214,730 to 207,384.

The percentage of handicapped children served in regular schools, whether in regular or separate classes, has remained relatively constant at 92 percent, although there have been shifts within certain categories. The number of mentally retarded children declined by five percent in regular classes and increased by five percent in separate classes. The visually impaired and orthopedically impaired children both experienced an increase in separate classes or schools and a decrease in regular classrooms.

The average cost of special education and related services per handicapped child for the 1980-81 school year

The study showed that when diagnosticians were asked to give their best judgment of "a student's most probable handicapping condition while in the process of evaluation," twice as many minority students were designated as "probably mentally retarded." However, these students were not placed in special education programs at that high a percentage rate. The conscientious application of diagnostic procedures was the deciding factor.

On-site visits conducted by Special Education Programs (SEP) staff during the 1982 school year indicate that while progress has been made, states are still experiencing difficulty with certain requirements, especially in the areas of general supervision and the monitoring and correcting of difficulties. SEP is also shifting its technical assistance efforts from helping states implement procedural aspects of the Education of the Handicapped Act (EHA) to helping states improve the quality of their special education programs. The areas where states need help in applying the law are: the assessment of handicapped students; development of services for handicapped students in prisons; personnel preparation; and application of technology to special education.

"The goals of the Act are being achieved," writes Ed Sontag, Acting Director of Special Education Programs, "... this report shows steady improvement in the provision of educational services to handicapped children. The Federal Government will continue in its efforts to assist the states in maintaining the gains achieved over the years since the passage of EHA."

The annual report has been submitted for inclusion in the ERIC system. Contact: Educational Resources Information Center, Central ERIC, Office of Educational Research and Improvement, Washington, DC 20208, (202) 254-5500.

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## Interagency Committee Meets, Maps Mission

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The Interagency Committee on Handicapped Research (ICHR) should be viewed primarily as a mechanism for the diffusion of knowledge of what is happening in rehabilitation research throughout the Federal Government, and not as a dictator of policy or a monitoring group, Dr. Douglas Fenderson, Director of the National Institute of Handicapped Research (NIHR), told representatives of 20 Federal agencies concerned with research who attended a May 18 meeting of ICHR.

Fenderson, who as director of NIHR also chairs ICHR, set as his immediate objectives: to reach agreement on the Committee's mission; to develop methods of communication among the concerned Federal agencies; and to establish various subcommittees to assist in carrying out the work of the Committee. A prepared mission statement and subcommittee recommendations

(See *Committee*, page 20)

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## HHS Awards First Grants For Orphan Drug Research

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HHS Secretary Margaret M. Heckler announced, on May 10, the availability of the first grants to be awarded by the Food and Drug Administration to support research for "orphan" products which show promise as treatments for rare diseases. The closing date for applying for the grants was July 11.

"Orphan" products include drugs, biologics, medical devices, foods for medical purposes, and veterinary products that are useful in treating rare diseases but lack commercial sponsors and thus are often unavailable to patients because of limited commercial interest.

The study applications received are being reviewed by experts in the specific field of research for patient safety, the qualifications of the investigator, the study rationale and design, and its chances of success. Approximately 15 to 30 awards will be made in the range of \$20,000 to \$70,000 each. The first \$500,000 will be made available to public or private, profit or nonprofit organizations, as well as institutions and state and local governments.

Dr. Edward N. Brandt, Jr., Assistant Secretary for Health and Chairman of the Department of Health and Human Services' Orphan Products Board, said that FDA will seek to support work in areas where there is already some clinical evidence that the drug or device is likely to be useful.

"Because funds are limited," Dr. Brandt said, "the typical study sought will be one that involves a few dozen patients, is well controlled, and is directed at providing evidence of the product's safety and effectiveness in treating the disease."

At the same time, HHS directed FDA to establish the Office of Orphan Products Development to encourage the development and production of orphan products. FDA Commissioner Arthur Hull Hayes, Jr., M.D., said, "The success of FDA's new office, which is headed by Dr. Marion Finkel, has been encouraging. In the past year, the FDA has assisted in locating sponsors for almost two dozen products useful in treating rare diseases and several new uses for marketed drugs."

President Reagan signed legislation into law on January 4 which strengthened existing HHS efforts and created new incentives, including tax credits, for private sector orphan drug research and development.

For further information, contact: FDA Office of Orphan Products Development, 12-11 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-4903.

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## HHS Issues Proposed Handicapped Infant Rules

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The Department of Health and Human Services (HHS) has published proposed rules protecting handicapped infants from discriminatory denial of food or medical treatment solely on the basis of a handicap. The rule, published in the July 5 *Federal Register*, embodies the concept of the interim final rule published on March 7, and has several important modifications.

In publishing the proposed rules, Secretary of HHS Margaret M. Heckler said, "For too long, our society ignored the rights and needs of the handicapped. As we enter the 'Decade of Disabled Persons,' now that we've finally become more sensitive and responsive to older handicapped persons, how can we tolerate the denial of those same rights to handicapped infants?"

Under the proposed rules, all hospitals receiving federal funds would be required to post a notice at nurses' stations in areas where infants are cared for, rather than in public places, stating that Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of handicap. The notice would include, in addition to a toll-free telephone number at HHS to which alleged violations of the law could be reported, the phone number of the appropriate state agency in order to involve the state child protective services agencies in such cases. The proposed rule includes a preamble and appendix explaining the scope and intent of the regulation with specific examples of appropriate and inappropriate application of the regulation to qualified infants.

Upon receiving a report of an alleged violation, HHS's Office for Civil Rights would investigate the case.

The Secretary of HHS invites comments on all aspects of the proposed rule. The comment period extends to September 6, 1983. Comments may be submitted in writing to the Director, Office for Civil Rights, Department of Health and Human Services, 330 Independence Avenue, S.W., Room 5400, Washington, DC 20201, (202) 245-6585.

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## HHS Extends Medicaid Review Board

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The Department of Health and Human Services (HHS) recently extended until December 31, 1983 the Federal Intradepartmental Board set up last year to review Medicaid cases and facilitate hospital-to-home transfers where appropriate. The board was to have expired April 30, 1983.

The Board was set up and given the power to waive Medicaid rules after President Reagan focused attention on a little girl, Katie Beckett, from Cedar Rapids, Iowa, who lay in a hospital unable to return home because she would lose Medicaid eligibility.



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## Surgeon General Seeks to Increase Supply of Donor Organs

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The surgeon general of the U.S. Public Health Service, Dr. C. Everett Koop, recently called together a group of experts to recommend ways to increase the nation's supply of organs for transplantation.

"Since the beginning of the transplant era," Dr. Koop said, "kidneys for transplantation have been in short supply. As we learn more about heart and liver transplantation, we will need more donated organs and now is the time to look at the overall organ procurement picture."

Parents of some children needing transplants have appealed to the media and to medical groups for help in obtaining organs. President Reagan has enlisted Dr. Koop's aid in trying to help such children.

Livers and hearts for transplantation, and most kidneys, are taken from people who have suffered brain death and whose other organs are maintained with support systems, such as respirators. The experts called together by Dr. Koop discussed methods for drawing the attention of families and doctors to the need for organ donation in those tragic circumstances. Dr. Koop said he hopes their recommendations will lead to an increase in the supply of transplantable organs.

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## Report Describes Occupational Injuries

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Of more than three million occupational injuries treated in emergency rooms last year, nearly one in five involved the body's system of muscles and the skeleton.

A report describing muscular and skeleton injuries, prepared by the Centers for Disease Control's National Institute of Occupational Safety and Health (NIOSH), appeared in a recent issue of "Morbidity and Mortality Weekly Report."

According to the report, physical demands of many jobs make the musculoskeletal system highly vulnerable to a variety of occupational injuries and illnesses. Manual handling of materials, repetitive motions and vibration are especially important causes of these disorders.

The largest category of illnesses from manual handling, or lifting, is low back injuries. The Bureau of Labor Statistics reported approximately one in four of all workers' compensation indemnity expenditures in eight states were for back injuries.

Repetitive motion can injure the hand, wrist and tendons, and can cause bursitis and other bone problems, and inflammation of ganglions (knot-like masses of nerve cell bodies). These disorders may be caused or aggravated by repeated twisting or other awkward postures. At risk are those in custodial work, construction,

food preparation, clerical work, manufacturing and mining.

About seven million workers in such occupations as vehicle operation are exposed to whole-body vibration. Although this area is not fully understood, such illnesses as low back pain and degenerative disk diseases may be associated with such vibration.

More than a million workers are exposed to vibration of a part or parts of the body. Principal sources are power tools such as chainsaws and jackhammers. The result is "vibration syndrome" with numbness and blanching of the fingers and reduced sensitivity to heat, cold and pain.

According to NIOSH, the 10 leading work-related diseases and injuries in the U.S. in 1982 were: occupational lung diseases; musculoskeletal injuries; occupational cancers other than lung; amputations, fractures, eye loss, and lacerations; traumatic deaths; cardiovascular diseases; disorders of reproduction; neurotoxic disorders; noise-induced loss of hearing; dermatologic conditions; psychological disorders.

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## Report Shows Drop In Blood Lead Levels

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From 1976 to 1980 the average levels of lead in the blood of the U.S. population ages 6 months-74 years declined significantly, due apparently to a sharp drop in the use of lead in the production of gasoline, Public Health Service scientists say in an article published in the June 1983 *New England Journal of Medicine*.

Data collected by the National Center for Health Statistics in the National Health and Nutrition Examination Survey (NHANES) of 1976-80 show that average blood lead levels declined by approximately 37 percent over the four years of the survey, from 14.6 micrograms per deciliter of whole blood to 9.2 micrograms. The decline occurred in males and females, blacks and whites, and all ages, including the young children who are most vulnerable to the toxic effects of lead.

During the same period the amount of lead used in gasoline production declined from 53,000 tons per quarter of a year to 24,000 tons per quarter.

The scientists say that approximately 90 percent of the lead entering the atmosphere stems from combustion of leaded gasoline and that its cutback is the "most reasonable" explanation for the lessening of human exposure to lead in the environment.

Lead exposure continues to be a public health problem. Previous analysis of the NHANES data found that 4 percent of children 6 months-five years old (675,000 children) had blood lead levels considered to be elevated (30 micrograms per deciliter of whole blood or higher).

The scientists' study of factors which could have contributed to the downward trend showed that factors in the design and operation of the survey and in laboratory assessments did not account for the trend. Neither did

changes in exposure to lead in paint and in the diet. However, they found a strong statistical correlation between the reduction of blood lead levels and the concomitant reduction in the amount of lead used in gasoline production.

Laboratory assessments for the survey were conducted by the Centers for Disease Control.

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## New Clinic Researches Pain

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The first multidisciplinary pain clinic in the United States devoted exclusively to research is now open and seeking additional patients. The clinic is located in the Clinical Center's Ambulatory Care Research Facility of the National Institutes of Health, Bethesda, Maryland.

"With the opening of this new research clinic, NIH scientists from all disciplines will be able to pool their knowledge and exchange ideas," HHS Secretary Margaret M. Heckler said. "Under the auspices of the National Institute of Dental Research (NIDR), headed by Dr. Howard Loe, we have a unique opportunity to understand and treat not only dental pain but all aspects of pain."

In collaboration with other NIH institutes, NIDR scientists are conducting studies of acute and chronic pain to generate knowledge about its mechanisms and treatment, and to develop better methods of pain assessment. Within the NIH community, consultation in difficult pain management problems is offered by the research facility's scientists and clinicians.

The clinic evolved from the NIDR's longstanding interest in pain research. Pain is a common symptom of most oral and dental problems; about 25 percent of all chronic pain problems are associated with the face and oral cavity.

NIDR scientists have been assessing experimental and clinical pain and the use of new agents for pain control since 1974. They have also been studying how the brain codes messages related to painful stimulation, and how these signals can be modified at different levels of the nervous system by chemicals such as morphine-like substances produced by nerve cells. "Our knowledge about pain has increased rapidly in the past 15 years and we now have a unique opportunity to apply this knowledge to the clinical situation," Dr. Dubner said.

The chronic pain studies of the center focus on treatment for such conditions as temporomandibular joint dysfunction, painful diabetic neuropathy, postherpetic neuralgia, cancer pain, and certain kinds of low back pain.

Patients who have pain problems that may fit into the center's current research should have their dentists or physicians call or write letters of referral to Dr. Mitchell Max, c/o the Clinical Pain Section, NIDR, NIH, Bldg. 10, Rm. 1B15, 9000 Rockville Pike, Bethesda, MD 20205, (301)-496-5483.

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## Task Forces to Review Accessibility Standard

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As required by all voluntarily developed standards approved by the American National Standards Institute (ANSI), the 1980 accessibility standard, A117.1, is currently under extensive review by five task forces involving 55 members of the ANSI 117.1 Committee.

The 1980 accessibility specifications will be examined during a series of meetings this summer called by the respective task force chairmen. Recommendations for revisions are expected to be developed in time for ballot vote by the full Committee early next year.

The task forces, chairmen and sponsoring organizations are:

- *Accessible Route*: Eunice Fiorito for the American Coalition of Citizens with Disabilities;
- *Operating Features*: William J. Tangye for the Southern Building Code Congress;
- *Plumbing Features*: Donald C. Miller for the U.S. Department of Health and Human Services;
- *Audio/Visual Features*: A. Stanley McGaughan, FAIA, for the American Institute of Architects;
- *Housing*: Stephen C. Moore for the National Association of Home Builders.

Close attention will be paid to the basic aim that underscored the development of ANSI 117.1, namely, to provide a uniform data base for codes, laws and regulations governing accessibility in buildings and facilities.

"With active participation by representatives of Federal agencies and the country's three model building code bodies together with manufacturers, architects and others," said A117.1 Committee Chairman Edward H. Matthei, "the review of the 1980 ANSI document should reinforce this original aim."

The three-member Secretariat for the A117.1 Committee, in charge of planning and conducting the review, are the National Easter Seal Society, the President's Committee on Employment of the Handicapped, and the U.S. Department Housing and Urban Development. For more information on the A117.1 review contact: Rita McGaughey, The National Easter Seal Society, 2023 West Ogden Avenue, Chicago, IL 60612. Telephone: (312) 243-8400.

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## New Board Members For A&TBCB

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President Reagan has appointed three disabled Americans for three-year terms on the Architectural and Transportation Barriers Compliance Board. The terms, which expire December 3, 1985, were awarded to Richard Chavez of Los Angeles, Rosemary M. Front of Wheeling, West Virginia, and Jack O. McSpadden of Little Rock, Arkansas, who were sworn in recently by Chairman of the Board William Bradford Reynolds. The  
(See Board, page 20)

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# Summary of Selected Legislation

## Relating to the Handicapped: 1980-82

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By Betty M. Schmidt, *Clearinghouse on the Handicapped*

In mid-1980, the Clearinghouse published the *Summary of Existing Legislation Relating to the Handicapped*<sup>1</sup> a summary of nearly sixty key Federal laws affecting handicapped persons. The following article includes summaries of laws that were passed in 1980 (the second half of the 96th Congress) and in 1981-82 (the 97th Congress). Only laws with explicit provisions relating to physically and/or mentally handicapped persons are included, with the exception of laws authorizing benefits for disabled veterans. Information and materials on measures benefiting veterans can be secured from the Veterans Administration.

This report includes only a brief analysis of each law, and is not designed to provide legal interpretation of statutes. Persons who need the precise language must refer to the text of public laws and relevant regulations. The full text of each law also provides authorization levels for programs. Actual appropriations to carry out the programs are determined by appropriations laws. (Major programs concerning the handicapped including funding information were listed in the January/February 1983 issue of *Programs for the Handicapped*.) The major statutes that amended income maintenance and other programs for the handicapped during the 97th Congress were the Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35) and the Tax Equity and Fiscal Responsibility Act of 1982 (P.L. 97-248). A description of the major implications of each of these statutes is included under the separate subject headings.

Laws are listed by actual title; the section that relates to handicapped persons or programs may be an addition (an amendment) to the law.

<sup>1</sup> The *Summary of Existing Legislation Relating to the Handicapped* was prepared by staff of the National Association of State Mental Retardation Program Directors, Inc. Copies are available from the Clearinghouse on the Handicapped.

### EDUCATION

#### Department of Education Organization Act (P.L. 96-88)

P.L. 96-88 was signed into law on October 17, 1979, and became effective on May 4, 1980. Among the major provisions of the law were: (1) established a Department of Education as an executive department with a Secretary appointed by the President; (2) established the Office of Special Education and Rehabilitative Services to administer the programs authorized under the Education of the Handicapped Act and the Vocational Rehabilitation and Randolph-Sheppard Acts (this includes the Rehabilitation Services Administration, Special Education

Programs, National Institute of Handicapped Research, Office of Information and Resources for the Handicapped—formerly Office for Handicapped Individuals—and the National Council on the Handicapped); (3) renamed the Department of Health, Education, and Welfare as the Department of Health and Human Services (DHHS); (4) retained the Administration on Developmental Disabilities in the Office of Human Development Services, DHHS; (5) retained the Head Start program in the Administration on Children, Youth, and Families in DHHS.

#### Education Amendments of 1980 (P.L. 96-374)

On October 3, 1980, P.L. 96-374 was signed to amend the Higher Education Act to renew higher education programs and to create a new special education teacher training program. The new teacher training program was intended to increase the number of special education teachers in areas that needed more of these teachers. The statute authorized fellowships to students who would agree to teach—for two out of the first five years after completing training—in areas identified as needing special education teachers or other specialists. The program has not received funding to date.

### EMPLOYMENT

#### Job Training Partnership Act (P.L. 97-300)

This law was signed on October 13, 1982 to establish programs to prepare youth and unskilled adults for entry into the labor force and to afford job training to those economically disadvantaged individuals and other individuals facing serious barriers to employment, who are in special need of training to obtain productive employment.

JTPA provides for basic job training, training services for the disadvantaged, an employment and training program for dislocated workers, federally administered job training programs (such as Job Corps, a Native American program, and a new Veteran's Employment Program) and related training and support services.

JTPA expands the eligibility of handicapped persons and offers more opportunity for their participation in job training programs than the Comprehensive Employment and Training Act (CETA) it replaces. A handicapped person is defined as "any individual who has a physical or mental disability which for such individual constitutes or results in a substantial handicap to employment."

The President has requested \$1.886 billion for the state grant program for FY 1984. These funds would go directly to the Governors. By law, 78% of these funds must be allocated to the local Service Delivery Areas

(SDAs). Governors retain the remaining 22% to pay for administrative expenses and to meet the job training needs of special populations (which could include handicapped persons). These individuals may also meet the income requirements to qualify for any programs established for the "economically disadvantaged."

In addition to the monies which are to be distributed to the states, the Secretary of Labor is authorized to conduct multistate programs, research and demonstration activities, pilot projects, evaluation, and technical assistance (some of which may be designed specifically for handicapped individuals).

#### **Personal Assistants for Handicapped Employees Act (P.L. 96-523)**

This Act, signed December 12, 1980, amends section 3102 of title 5, United States Code, and section 7 of the Federal Advisory Committee Act to permit the Executive agencies and the Library of Congress to employ personal assistants for handicapped Federal employees both at their regular duty stations and while on travel status. The Act authorizes regular civil service employment for such personal assistants and also authorizes volunteers to serve as personal assistants without pay. Volunteers may receive pay from the handicapped employee or from a nonprofit organization. A relative of the employee may also serve as a personal assistant. Personal assistants may also serve advisory committee members, staffs, and consultants who are handicapped.

#### **Small Business Act Amendments of 1980 (P.L. 96-302)**

In 1977 (P.L. 95-89), Congress permitted small businesses eligible for handicapped assistance loans to compete, on a one-year experimental basis, for Federal procurement contracts set aside for small businesses. Under P.L. 96-302, signed July 2, 1980, the procurement authority for small businesses was continued for three years (through FY 1983) at the annual level of \$100 million; and authority was provided that nonprofit organizations operated by or for handicapped individuals are to be awarded a fair proportion of Government procurement awards. (All small businesses including those owned or operated by handicapped individuals may submit bids for Federal procurement awards.)

P.L. 96-302 states that "if this provision of procurement awards to nonprofit organizations operated by or for handicapped individuals should have an adverse economic impact on small for-profit businesses, the Administrator of SBA is authorized to take such actions as he may deem appropriate to protect such small businesses." (The SBA Administrator works closely with the Committee for Purchase from the Blind and Other Severely Handicapped.)

#### **Fringe Benefit Regulations, Prohibition (P.L. 96-167)**

P.L. 96-167, signed into law on December 29, 1979, extended the Tax Reform Act of 1976, subsection (c) of section 2122, which allowed a tax deduction for businesses which removed barriers to handicapped per-

sons in public facilities and transportation owned or leased in a trade or business. Section 9 of P.L. 96-167, "Extension of Certain Temporary Tax Provisions," extended the tax deduction of \$25,000 to any year between 1980 and 1982. The provision expired on December 31, 1982. (Several bills have been introduced by the 98th Congress to reinstate or to increase the tax deduction but have not been passed to date.)

## **HEALTH**

#### **Health Planning and Resource Development Amendments of 1978 (P.L. 96-79)**

Signed into law on October 4, 1979, Public Law 96-79 enacted several new health planning priorities, including: (1) the elimination of inappropriate institutional placement and the improvement of institutional care of persons with mental health problems; (2) improved access to community mental health centers to emphasize outpatient care; and (3) the promotion of health services which prevent illness and maintain health. In developing health plans, states were required to address institutional health services, rehabilitation services, long-term care services, and home health services.

#### **Mental Health Systems Act (P.L. 96-398) Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35)**

P.L. 96-398, signed on October 7, 1980, provided a one-year extension of the Community Mental Health Centers program and established a revised system of support for the provision of mental health services. The Act authorized a system of grants to assist programs for the chronically mentally ill, prevention projects, and innovative approaches to service delivery.

Under Title IX, Subtitle A, Part B of P.L. 97-35, programs authorized by the Mental Health Systems Act and the Community Mental Health Centers Act were included among those consolidated under the Alcohol and Drug Abuse and Mental Health Services Block Grant Program. Title XVII, Chapter 2, P.L. 97-35, contains the rules and procedures governing block grants in general. Each state must prepare a report on the proposed use of block grant funds received by that state, including (1) a statement of goals and objectives, (2) information on the types of activities to be supported, geographic areas to be served, and (3) the criteria and method established for the distribution of the funds, including details on how the distribution of funds will be targeted on the basis of need to achieve the purposes of the block grant funds. Beginning in FY 1983, the report must include a description of how the state has met the goals, objectives, and needs in the use of funds for the previous fiscal year.

#### **Omnibus Reconciliation Act of 1980 (P.L. 96-499) Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35) Tax Equity and Fiscal Responsibility Act of 1982 (P.L. 97-248) Continuing Appropriations for Fiscal Year 1983 (P.L. 97-276)**

Both P.L. 96-499, enacted December 5, 1980, and P.L.

97-35, enacted August 13, 1981, contained provisions that affect Medicare eligibility, benefits, reimbursements and administration. Among provisions affected were those regarding home health benefits, deductibles and coinsurance, end-stage renal disease, psychiatric care, and others. A further clause regarding Medicare eligibility was included in Sections 157-158 of the Continuing Appropriations Act for Fiscal Year 1983 (P.L. 97-276): "Since Medicare is an insurance program in which working Americans contribute their Social Security payroll taxes and in which the elderly and disabled pay health insurance premiums in order to receive health benefits promised . . . it is the sense of the Senate that the Congress should reject any proposal to impose a 'means test' on eligibility for the Medicare programs or benefits provided by the Medicare program."

P.L. 96-499, P.L. 97-35, and P.L. 97-248 contain numerous provisions which permit increased flexibility to the states in operating their Medicaid programs. New options include, among other provisions, the introduction of a home and community based services waiver to provide alternatives to institutionalization, and provision for a variety of reimbursement methods. Under P.L. 97-248, at a state's option, people 18 or younger who otherwise would be ineligible for SSI and Medicaid if they live at home, may retain Medicaid eligibility while receiving home care at less cost to the government. This provision was effective on October 1, 1982.

Under P.L. 97-35, a number of health services and disease control programs were consolidated into four health block grant programs: the Preventive Health and Health Services Block Grant; the Primary Care Block Grant; the Alcohol, Drug Abuse, and Mental Health Block Grant; and the Maternal and Child Health Block Grant. States may use the funds to provide any service which was authorized under prior legislation. Title XVII of P.L. 97-35 gives rules and procedures governing block grants in general.

#### **Department of Defense Authorization Act, 1981 (P.L. 96-342)**

##### **Continuing Further Appropriations, 1982 (P.L. 97-377)**

The CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) Program for the Handicapped provides that the spouse or child of an active duty member is eligible for services if he or she has a serious physical handicap or is moderately to severely mentally retarded. The Military Medical Benefits Act (P.L. 89-614) provides for a sliding scale of monthly deductibles payable by the active duty member, based upon his or her pay grade. In 1971, P.L. 92-58 was passed to extend benefits to an unmarried child, under age 21, of a deceased service member who died while eligible for hostile fire pay or from a disease or injury incurred while eligible for such pay. P.L. 96-342, signed September 8, 1980, increases the reimbursement rate under the CHAMPUS Program for the Handicapped.

On December 21, 1982, P.L. 97-377 was signed into effect. Section 779 of that law states that "no CHAMPUS benefits shall be available for the payment for any service or supply for persons enrolled in any other insur-

ance, medical service, or health plan to the extent that the service or supply is a benefit under the other plan, except in the case of those plans administered under Title XIX of the Social Security Amendments of 1965" (Medicaid). The intent is to ensure that CHAMPUS beneficiaries receive maximum benefits while ensuring that the combined payments of CHAMPUS and other health benefit and insurance plans do not exceed the total charges.

##### **Orphan Drug Act (P.L. 97-414)**

The Orphan Drug Act was signed into law on January 4, 1983. The bill provides incentives in the form of tax credits to pharmaceutical companies that develop drugs for treating rare diseases, such as cystic fibrosis, Wilson's disease, myoclonus, Tourette's syndrome, and certain neuromuscular disorders and cardiac arrhythmias. P.L. 97-414 provides an elective nonrefundable income tax credit of 50 percent of "qualified clinical testing expenses" which are necessary in obtaining the approval by the Food and Drug Administration for the commercial sale of a drug for a rare disease.

## **HOUSING**

#### **Housing and Community Development Amendments of 1979 (P.L. 96-153)**

##### **Housing and Community Development Act of 1980 (P.L. 96-399)**

##### **Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35)**

P.L. 96-153, signed December 20, 1979, provides authority for funding housing programs for handicapped persons, including Section 202 direct loans and Congregate Housing Services.

P.L. 96-399, enacted October 7, 1980, requires the Department of Housing and Urban Development to report on data sources which provide information on housing needs and conditions of the handicapped. Congress requested information on gaps, alternative methods, costs, and benefits and disadvantages.

P.L. 97-35 provided that rent payments of assisted housing tenants will increase from 25 to 30 percent of income, phased in over a 5-year period.

## **INCOME MAINTENANCE**

#### **Social Security Minimum Benefits (P.L. 97-123)**

P.L. 97-123 was signed on December 23, 1981 "to amend the Omnibus Reconciliation Act of 1981 to restore minimum benefits under the Social Security Act." The law contains three major provisions: (1) Restoration of the Minimum Benefit—the Social Security minimum benefit was restored for all people eligible for benefits prior to January 1, 1982, and to members of certain religious orders who become eligible for benefits prior to 1992; (2) Coverage of Sick Pay—beginning January 1, 1982, the first six months of sick pay will be treated as covered wages and subject to Social Security payroll tax. "Sick Pay" includes benefits to employees for short-term disability under sick leave, self-insurance, insurance company and state-mandated insurance plans, except for the portion of such benefits

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Arizona . . . . . AZ	Hawaii . . . . . HI	Maryland . . . . . MD	New Hampshire . . NH	Pacific Islands . . . PI	Vermont . . . . . VT
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Delaware . . . . . DE	Kansas . . . . . KS	Missouri . . . . . MO	North Dakota . . . . ND	South Dakota . . . . SD	Wisconsin . . . . . WI
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attributable to employee contributions. Workers' compensation payments are not subject to Social Security tax, but State and Railroad temporary disability insurance payments are covered; (3) Interfund Borrowing—the Secretary of the Treasury, through December 31, 1982, was authorized to borrow money among the Old-Age and Survivors, Disability, and Hospital Insurance trust funds, not to exceed what was needed for six months' benefits.

#### **Social Security Disability Amendments of 1980 (P.L. 96-265)**

P.L. 96-265 was signed on June 9, 1980 "to amend the Social Security Act to provide better work incentives and improved accountability in the disability programs, and for other purposes."

This law, which became effective in December 1980, provided that a disabled beneficiary would be eligible to have benefits reinstated if his or her earnings fell below the SGA (Substantial Gainful Activity) test level during any month subsequent to the termination of benefits at the end of a trial work period. This change, in effect, extended the trial work period to 24 months, although the beneficiary was not entitled to cash benefits during the second 12 month period if he or she was earning over the SGA level (\$300 a month in calendar year 1980). The law contained provisions relating specifically to persons receiving social security disability insurance payments, supplemental security income payments, or payments from both programs. It also authorized work incentive and other demonstration projects.

#### **Crude Oil Windfall Profits Tax Act (P.L. 96-223) Omnibus Reconciliation Act of 1981 (P.L. 97-35)**

Title III of P.L. 96-223, signed April 2, 1980, authorized block grants to states to provide energy assistance to low-income individuals to assist them in meeting increased home heating costs for Fiscal Year 1981. The Act entitled states to receive allocations based on an approved energy assistance plan. The plan was to include provisions for disbursing funds to home heating fuel suppliers and directly to low-income persons. In addition, states were required to operate an outreach program to inform elderly and handicapped persons, and other persons who might be home-bound or unaware of the program, of the availability of energy assistance funds. States were to provide assurances in their plans that priority be given to eligible low-income households having at least one elderly or handicapped individual. The law also stated that the amount of any fuel assistance payment or allowance could not be considered as income in calculating countable income or resources for any tax, public assistance or welfare program.

Title XXVI of the Omnibus Reconciliation Act of 1981 (P.L. 97-35), signed August 13, 1981, was cited as the "Low-Income Home Energy Assistance Act of 1981." Section 2602 "authorizes the Secretary of HHS to make grants to states to assist eligible households to meet the costs of home energy, and authorizes to be appro-

riated to carry out the purposes of this title \$1,875,000,000 for each of the fiscal years 1982, 1983, and 1984." The states are required to coordinate their activities with similar and related programs administered by the Federal Government and their own state.

#### **Periodic Payments Settlement Act (P.L. 97-473)**

P.L. 97-473 was signed on January 14, 1983 to amend the IRS Code to deem foster care "difficulty of care" payments as nontaxable income. Designed to correct recent interpretations by IRS auditors that such payments are taxable, the law was passed after IRS attempted to collect back taxes from a number of foster families along with 20% interest penalties. Many of the families who were targeted for audit by the IRS provide foster care for one or more handicapped children. The foster care rate is computed on the basis of the child's age (basic foster care rate) and the child's condition (difficulty of care rate). The difficulty of care rate, used in 26 states, recognizes the increased costs to the care of children with handicapping conditions. In order for the difficulty of care payments to be excluded from taxable gross income the foster child for whom the payments are made must be placed by an agency of a state or political subdivision of a state, or by a state-licensed, private, tax-exempt agency. This provision applies to taxable years beginning after December 31, 1978.

#### **Social Security Act Amendment (P.L. 96-473)**

This Act was signed on October 19, 1980 to amend Title II of the Social Security Act to preclude the payment of disability benefits to prisoners convicted of felonies unless a court of law approved and the individual engages in a plan of rehabilitation. The Act also denies benefit payments to individuals who became disabled in the commission of a crime or who were responsible for the death of a person on whose earnings record they were claiming survivors benefits.

#### **Taxes on Virgin Island Source Income: Disability Benefits (P.L. 97-455)**

P.L. 97-455, signed on January 12, 1983, contains four provisions which are aimed at alleviating problems created by the continuing disability investigations process which was implemented by the Social Security Administration in March 1981. (1) The first provision permits, on a temporary basis, a disability insurance beneficiary to elect to have benefits and Medicare coverage continued through the Administrative Law Judge (ALJ) level of appeal. This provision applies to cases currently in appeal and any new cases where a termination decision is made before October 1, 1983. In all cases extended benefits would cease in June 1984. In addition, there will be no back payments for cases in appeal at the time the bill is enacted into law. The extension of benefits must be requested by the individual whose benefits have been terminated; such additional benefits may be regarded as overpayments should the ALJ uphold SSA's decision to terminate benefits. (2) The Secretary of Health and Human Services is permitted to slow down on a state-by-state basis, the number of cases sent to state agencies for periodic review

of continuing eligibility based on state workloads and staffing requirements, even if this means that the initial periodic review of the rolls cannot be completed within three years. (3) The Secretary of HHS is required to report to the Senate Finance Committee and the House Committee on Ways and Means semiannually on the number of continuing eligibility reviews, termination decisions, reconsideration requests, and termination decisions which are overturned at the reconsideration or ALJ hearing level of appeal. (4) The Secretary of HHS is required to provide the opportunity for a face-to-face evidentiary hearing during reconsideration of any decision that disability has ceased. This requirement is effective with respect to reconsiderations requested on or after a date to be specified by the Secretary but no later than January 1, 1984. The Secretary is also required to take all necessary steps to ensure public understanding of the importance Congress attaches to the face-to-face reconsideration hearings. The Secretary is specifically instructed to assure that beneficiaries will receive reasonable notice and information as to the time and place of the reconsideration, of the opportunities to be represented by counsel and to introduce evidence at the reconsideration, and of the importance of submitting all available evidence concerning the case at the reconsideration.

## **NUTRITION**

### **Food Stamp Amendments of 1979 (P.L. 96-58) Agriculture and Food Act of 1981 (P.L. 97-98) Omnibus Reconciliation Act of 1982 (P.L. 97-35)**

P.L. 96-58, signed on August 14, 1979, amends the Food Stamp Act of 1977 to permit certain disabled SSI recipients residing in small community living arrangements (less than 16 beds) to receive food stamp benefits. It also allows disabled recipients of food stamps to claim medical expenses in excess of \$35 per month as deductions in determining eligibility for food stamps.

P.L. 97-98, signed December 22, 1981, includes an amendment that allows parents and children living together to qualify as separate households for food stamp purposes if one parent is disabled and receiving other assistance.

P.L. 97-35 liberalizes the benefit rules for the disabled and elderly by excluding them from the new provision that requires siblings (along with parents and children) living together to apply for food stamps together.

## **RIGHTS**

### **Voting Rights Act Amendments of 1982 (P.L. 97-205)**

P.L. 97-205 was signed on June 29, 1982 to "amend the Voting Rights Act of 1965 to extend the effect of certain provisions, and for other purposes." Under P.L. 97-205, the Voting Rights Act of 1965 was renewed for 25 years. Section 208 of the new law provides that "any voter who requires assistance to vote by reason of blindness, disability, or inability to read or write may be given assistance by a person of the voter's own choice, other than the voter's employer or agent of that employer or officer or agent of the voter's union."

### **Civil Rights of Institutionalized Persons Act (P.L. 96-247)**

P.L. 96-247 was signed on May 23, 1980 "to authorize actions for redress in cases involving deprivations of rights of institutionalized persons secured or protected by the Constitution or laws of the United States."

This law gives the U.S. Department of Justice authority to initiate civil suits against states to protect the rights of persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped and other institutionalized persons. Such actions are authorized only if the Attorney General believes that the deprivation of rights is part of a pattern or practice of denial, if the suit is of general public importance, and after notice and consultation with State officials.

### **Telecommunications for the Disabled Act of 1982 (P.L. 97-410)**

On January 3, 1983, the President signed P.L. 97-410, a new law to amend the Communications Act of 1934 to provide reasonable access to telephone service for persons with impaired hearing and to enable telephone companies to accommodate persons with other physical disabilities.

The law requires that the Federal Communications Commission establish such regulations as are necessary to ensure reasonable access, completing rulemaking actions by January 1984. The law also states that "FCC shall require that essential telephones provide internal means for effective use with hearing aids that are specially designed for telephone use. The term 'essential telephones' means only coin-operated telephones, telephones provided for emergency use, and other telephones frequently needed for use by persons using such hearing aids." Adequate information must be provided by consumers on the compatibility between telephones and hearing aids.

## **SOCIAL SERVICES**

### **Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)**

#### **Omnibus Reconciliation Act of 1981 (P.L. 97-35)**

P.L. 96-272 was signed on June 17, 1980 "to establish a program of adoption assistance, to strengthen the program of foster care assistance for needy and dependent children, to improve the child welfare, **social services**, and aid to families with dependent children programs, and for other purposes."

Title XX of the Social Security Act authorized assistance to help states provide a broad range of social services to recipients of public assistance and other low-income individuals and families. Many states used a portion of their Title XX allotments to provide special services to handicapped persons. P.L. 96-272 provided for the following major changes in the Title XX program: (1) permanent funding authorization increases over a six-year period, culminating in a FY 1985 ceiling of \$3.3 billion; (2) restrictions on the amount of funds available for Title XX training activities; (3) a multi-year

planning authority; and (4) separate funding authority to Puerto Rico and the territories.

P.L. 97-35, Title XXIII, Subtitle C, amends Title XX of the Social Security Act to consolidate social service programs under a block grant to increase state flexibility in using social service grants and "authorizes to be appropriated for each Fiscal Year such sums as may be necessary to carry out the purposes of this Title."

#### **Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35)**

Under Title IX, Subtitle B, Public Law 97-35, enacted August 13, 1981, the Developmental Disabilities Assistance and Bill of Rights Act was amended to: (1) extend the Act and establish authorization levels through Fiscal Year 1984; (2) delete the requirement for an evaluation system; and (3) amend and expand upon the description for Section 145, the Special Projects authority.

#### **Domestic Volunteer Service Act Amendments of 1979 (P.L. 96-143)**

This Act was signed December 13, 1979, to amend the Domestic Volunteer Service Act of 1973 to establish a new volunteer demonstration program to be coordinated with the states' developmental disabilities protection and advocacy systems. The purpose of this new "Helping Hand" program is to reduce the necessity for institutionalization of older persons, handicapped individuals, and other affected groups by stressing person-to-person services. Volunteers are to be utilized in hospitals, mental institutions, nursing homes, and other extended care facilities, and to work to ameliorate isolation by assisting in activities of senior centers, halfway houses, and other residential settings.

#### **Historic Sites, Buildings, and Antiquities Act (P.L. 96-344)**

P.L. 96-344 was signed on September 8, 1980, to improve the administration of the Historic Sites, Buildings and Antiquities Act of 1935. The law contains a provision that requires the Secretary of the Interior and the Secretary of Agriculture to establish procedures for issuance of lifetime permits for entry into national recreation areas for blind or permanently disabled persons who apply for such permits. The permit holder receives a 50 percent reduction in special recreation facilities entrance fees.

Individuals who are 62 years of age or older may apply for annual permits for a fee of not more than \$10 under the Golden Eagle Passport Program, Restoration Act, P.L. 92-347, dated July 11, 1972. The Golden Eagle permit, available at post offices, entitles entry to admission fee areas for a private vehicle and passengers.

## **TRANSPORTATION**

#### **Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35)**

#### **Surface Transportation Assistance Act of 1982 (P.L. 97-424)**

P.L. 97-35 authorized \$36 million for FY 1982 for the section 16(b)(2) Urban Mass Transportation Act of 1964 transit services for the elderly and handicapped. Title III of P.L. 97-424, the Federal Public Transportation Act of 1982, enacted January 6, 1983, authorized funds for this program through FY 1986, and increased the proportion of total urban discretionary grants allowed to be set aside for the elderly and the handicapped from 2 to 3.5 percent. The law directed the Secretary of Transportation to promulgate final regulations regarding transportation services for the elderly and the handicapped within 180 days of enactment.

## **VOCATIONAL REHABILITATION**

#### **Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35)**

#### **Congressional Reports Elimination Act of 1982 (P.L. 97-375)**

Provisions of P.L. 97-35, enacted August 13, 1981, included the following: (1) programs authorized by the Rehabilitation Act of 1973 as amended were extended through FY 1983; (2) the vocational rehabilitation services financing mechanism under the Social Security trust fund was amended. Prior to P.L. 97-35, financing to the states for vocational rehabilitation services was made prior to serving the disabled on an assumption of rehabilitation success. P.L. 97-35 allows trust fund reimbursement for VR services only after states can demonstrate that disabled beneficiaries have engaged in "substantial gainful activity" for nine continuous months.

Also under P.L. 97-35, not to exceed \$3,500,000 was authorized to be appropriated for each of Fiscal Years 1982 and 1983 to carry out Section 112 of the Rehabilitation Act of 1973, which authorized states to establish client assistance systems, independent of service delivery systems, for clients who disagree with services or decisions of vocational rehabilitation offices.

P.L. 97-375, signed December 21, 1982, eliminated the requirement for 71 of the 2900 Congressionally mandated reports—including the vocational rehabilitation client assistance projects report.

## News Briefs

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### Bell System Modifies Equipment For Blind Operators

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American Telephone & Telegraph recently announced a Bell System first: the initial use nationwide of modified electronic equipment which enables blind and visually impaired persons to work efficiently at the complex Traffic Service Position System (TSPS).

The new system is called the TSPS Information Processing System, or TIPS. The TIPS equipment enables blind and visually impaired persons to perform a TSPS operator's job by receiving signals for handling calls in audio and Braille—instead of visually through lighted lamps and other displays—on the console position normally used by sighted operators.

The TSPS job is a processor-controlled operator service system that gives an operator more time to serve customers with special calling needs by automating most of the routine, time-consuming functions such as handling coin, credit card, hotel-motel and other traditional operator-assisted calls. However, a visually impaired person is unable to use a TSPS as it was developed for sighted persons.

The idea of modifying electronic TSPS operator consoles so they could be operated by blind and visually impaired people started in the early 1970's. By 1977 Bell System managers had moved ahead with the concept and were conducting demonstration trials at Southwestern Bell in Little Rock, Arkansas, and at Pacific Telephone in Palo Alto, California.

But successful demonstration trials initiated in the early 1970's led the parent AT&T Company to encourage a followup project to create a commercially available system to eventually permit any Bell Operating Company (BOC) to employ blind or visually impaired persons as TSPS operators.

However, AT&T Human Resources Manager Jay Rochlin cautioned that the Bell System has no delusions of grandeur as to the potential scope of its role in employing disabled persons. He explained that the Bell System does not want to hold out false hope that TIPS will make a big immediate dent in the employment situation for blind and disabled persons. Even with the dozens of TSPS operator offices throughout the Bell System and more than 42,500 operators, Bell Operating Companies will necessarily move with deliberation in opening up jobs for blind and disabled persons. One prime reason is that the projected cost of installing TIPS equipment in an office can run up to the range of \$100,000 at present.

But Rochlin explained that the long-term benefits to the employment picture are positive and that Bell System managers are hopeful that some day a sizeable number of blind or visually impaired persons could be working with TIPS equipment installations across the country.

### ARC's Develop Programs For DD Seniors

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Because more developmentally disabled persons are living longer, service providers are constantly looking for new methods for meeting the special needs of elderly developmentally disabled (DD) citizens. Two Associations for Retarded Citizens (ARC's) have developed programs to assess these needs and provide older clients with activities that are appropriate to their age and physical condition.

- The St. Louis, Missouri, ARC recently completed a 12-month project, which was divided into two phases: information gathering activities to provide a systematic and reasonable basis for the development of alternative programming; and an actual pilot program conducted for eleven ARC clients, aged 50 years and older.

During Phase I, issues of concern to service providers and planners surfaced, and a resource manual was developed, *A Guide to Alternative Programming for Older MR-DD Adults*. The 150-page manual outlines needs, priorities and program policies for service delivery to senior MR-DD persons. It also details the project and includes a bibliography of readings addressing the issue of the aging DD population.

The second phase of the project consisted of a pilot program conducted for eleven elderly clients. The purpose of the program was to show how MR-DD service agencies can modify their programs to suit the needs of older MR-DD clients without making radical changes in organizational structure and methods of service delivery. A detailed description of the operation of the pilot program is outlined in the *Guide*.

For further information, or to order the *Guide* (available at \$17 postpaid), contact: Linda Olsen, Project Specialist, St. Louis ARC, 1240 Dautel Lane, St. Louis, MO 63141, (314) 569-2211.

- The Peoria, Illinois, ARC recently initiated an Older Adult Habilitation Program to meet the special needs and concerns of older DD persons in the area. The program is designed to give these seniors an opportunity for activities and learning experiences aimed at their current abilities and interest levels. Thirty-two disabled adults ranging in age from 45 to 72 are enrolled in the program. Major components of the program include: developmental instruction; social and leisure activities; health and physical fitness; support services; and work activities. Special emphasis is placed on maintaining previously acquired skills while increasing social awareness and life skills promoting more independence.

For further details, contact: Phyllis Cook, Program Coordinator, Peoria ARC, 320 East Armstrong Avenue, Peoria, IL 61603.

## News Briefs

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### Disabled Own, Operate New Rehab Program

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The first comprehensive rehabilitation program in the U.S. to be owned and operated by severely disabled rehabilitation professionals has announced its opening.

The Center for Individualized Rehabilitation (CIR), located in Hoffman Estates, Illinois, offers a complete rehabilitation program, including a low vision clinic, physical therapy department, occupational therapy department, orthotic/prosthetic clinic, speech and hearing service, and others.

The president of CIR, Hiram Zayas, with a congenital disability, explains, "We emphasize vocational rehabilitation as well as physical rehabilitation as part of our ongoing services. CIR personnel are fully trained, experienced rehabilitation professionals. A significant number of the Center's employees are disabled persons. Our own disabilities provide us with an important emotional understanding."

The CIR vice president is Allen Piening, a rehabilitation psychologist who lost the use of his legs at age 13. Piening said that they are actively soliciting additional disabled rehabilitation professionals to add to their growing staff.

The Center expects to serve a portion of a disabled population of over 250,000 persons in its immediate area. Financing for the Center was received as a loan from the Small Business Administration. SBA's mid-west regional director, Richard D. Durkin, said the loan indicates SBA's desire to help businessmen help themselves and their community.

The address for CIR is: Center for Individualized Rehabilitation, 2358 Hassel Road, Hoffman Estates, IL 60195. Telephone: (312) 490-7500 (voice), or (312) 490-7503 (TDD).

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### Programs for Deaf College Students

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A survey of postsecondary programs for hearing-impaired students was recently conducted by the Gallaudet Research Institute in collaboration with the National Technical Institute for the Deaf at Rochester Institute of Technology. The purpose of the survey was to provide data for a new edition of *College and Career Programs for Deaf Students* and for a more detailed study of the students in these programs and the services they are receiving.

Only postsecondary institutions with special programs for deaf students were included in the survey. Of the 102 U.S. programs that responded, only eight enrolled more than 100 students. The median program size was in the 11-20 student range. Fifty-nine programs served

fewer than six part-time students. In the Fall of 1982, the total full-time enrollment of deaf students nationwide was 4,586, and 916 were enrolled in part-time programs.

The new fifth edition of *College and Career Programs for Deaf Students* was edited by Brenda Rawlings, Michael Karchmer and James Decaro. The book includes information on the 102 college and career programs in the U.S. and six in Canada; national and regional maps showing the location of all programs; summary charts showing the services offered; a special index organized according to career areas; and a question-and-answer section for students. It is intended as a resource for high school students, deaf adults, their families, and professionals serving them.

*College and Career Programs for Deaf Students* is a 116 page book, available at \$3.50 postpaid (discounts on quantity orders), from: "College/Career Guide," Gallaudet Research Institute, 800 Florida Avenue, N.E., Washington, DC 20002.

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### Polio Conference Cites Existing Problems

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Polio may have been forgotten by most people but not by the 300,000 American polio survivors who were paralyzed in the polio epidemics that struck in the 1940s and early 1950s.

More than 400 people, including the most severely disabled among polio survivors internationally, gathered in St. Louis May 6-8 to discuss issues affecting them and other disabled persons.

Participants in the Rehabilitation Gazette's Second International Post-Polio Conference and Symposium on Living Independently with Severe Disability concluded that:

- polio is still endemic and epidemic in many areas of the world;
- Insufficient research is being conducted regarding the many unanswered questions about the long-term effects of polio on post-polio survivors;
- available knowledge on current health problems of polio survivors is not sufficiently disseminated among health care professionals.

Conferees voted to establish a Steering Committee charged with developing action plans for:

- 1) Urging the World Health Organization, governments, and agencies to promote immunization programs against polio.
- 2) Recommending immunization of travelers from countries where polio has been controlled to non-polio controlled countries.
- 3) Urging the U.S. government to enforce its polio immunization policy.

(See *Polio*, page 17)



# Announcements

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## Parent Support Conference Announced

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A National Parent to Parent Support Group Conference will be held at the Red Lion Inn in Ontario, California, on October 14-16, 1983. The theme of the conference is "Parents Plus Support Equal Success." The sponsors are the Association for Retarded Citizens, Ontario/Pomona; Loma Linda University Medical Center, Pediatrics; United Cerebral Palsy of California; and the University of California, Irvine-University Affiliated Project. Workshops are planned on how to start a parent group and how to keep it going, planning for the futures of children, and on the issue of siblings and single parents. For further information, contact: Joanne M. Travers, Project COPE, 9160 Monte Vista Avenue, Montclair, CA 91763, (714) 982-2442.

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## Conference on Brain-Injured Adult

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A conference on the Rehabilitation of the Brain-Injured Young Adult will be held at Loudoun Memorial Hospital in Leesburg, VA, on September 26-28, 1983. The neuro-rehabilitation team that cares for the brain-injured at the Hospital has planned this workshop to offer to practicing physicians and rehabilitation professionals a comprehensive overview of the treatment of the brain-injured young adult. Contact: Rita Dehner, R.N., Program Coordinator, Loudoun Memorial Hospital, 70 West Cornwall Street, Leesburg, VA 22075, (703) 777-3300, ext. 2744.

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## Conference on Nonspeech Communication

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The Fourth Annual Southeast Nonspeech Communication Conference will be held in Birmingham, Alabama, October 7-8, 1983. Conference co-sponsors are the Alabama Department of Mental Health and the University of Alabama in Birmingham. Keynote speaker will be Dr. Madge Skelly speaking on the Amer-Ind Gestural Code. Contact Pam Elder, CDLD, 313 University Station, Birmingham AL 35294, (205) 934-5448.

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## Conference Announced on Pediatric Social Work

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The Second International Conference on Pediatric Social Work has been scheduled for October 20-23, 1983, at the Shoreham Hotel in Washington, D.C. Co-sponsors of the Conference are the International Association for Pediatric Social Services (IAPSS) and the Children's Hospital National Medical Center. The theme will be "The Pediatric Social Worker in Action: System,

Setting and Service Strategies." IAPSS was organized at the First International Conference on Pediatric Social Work in Chicago in 1982. It is a professional Association of social service personnel who wish to promote the cultural, social, psychological, physical, spiritual, and economic well-being of children and adolescents with special needs and their families around the world. For further information, contact: Allen F. Johnson, Ph.D., ACSW, Co-Chair, Second International Conference, 6 South Terrace, Auburn, MA 01501, (617) 832-4297.

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## Conference Announced on Technology and the Disabled

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The 1983 Major Scientific Conference of the Human Factor Society has been announced for October 10-14, 1983, at the Omni International Hotel, Norfolk, Virginia. The Technical Group on the Handicapped of the Human Factors Society will hold its first workshop on October 10. The purpose of the workshop will be to study the optimal design of the technical systems that increasingly influence the daily lives of handicapped persons. The Conference will be attended by over 1,000 engineers, architects, psychologists, physiologists, system designers, and management scientists, along with their counterparts from Europe, Japan, Canada, and South America. The technical group is interested in input from individuals and organizations that can contribute to the technologies that will allow disabled persons to reach their potential. Further information about the technical group is available from its Chairman, Robert L. Lessne, Rehabilitative Services, Inc., 14169 S.W. 142 Avenue, Miami, FL 33186, (305) 235-1004. For information on the Conference, contact: Dr. Ray Kirby, Center for Applied Psychological Studies, Old Dominion University, Norfolk, VA 23508, (804) 440-4222.

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## Call for Papers

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The Association for the Care of Children's Health (ACCH) has announced its 19th Annual Conference to be held at the Westin Galleria Hotel in Houston, TX, on May 27-30, 1984. The theme for the Conference will be "Balancing Needs and Resources." ACCH is an interdisciplinary international association which promotes emotional and social well-being of children and their families in health care settings. At this time the organization has invited proposals for presentation of papers, workshops, poster sessions, symposia, and media that address the creative use of resources in meeting the psychosocial needs of children and their families. Submissions must be received by August 31, 1983. Contact: ACCH 1984 Conference Office, Texas Children's Hospital, P.O. Box 20269, Houston, TX 77225, (713) 791-4111.

# Announcements



To learn more about your local Community Partnership Program and how you can be involved, contact your Mayor or County Commissioner or call today.

202-293-5940

National Organization  
on Disability  
2100 Pennsylvania Ave. N.W.  
Washington, D.C. 20037

Ten-year-old Ernestina Verduzco plays the recorder in her school's music class. At the age of four, she lost both her legs in a train accident.

In her own way, in her own words, she insists:

"When somebody tells me I'm handicapped, I tell them I'm not that handicapped, because I do have artificial legs, and I can walk, and so there's really nothing that should be a handicap."

Isn't it time for you to share in Ernestina's courage and self-esteem? Learn more about opportunities for disabled men, women and children who insist on saying, "I can." Isn't it time you got involved?

## NOD Launches Decade of Disabled Awareness Campaign

The first major public awareness campaign of the Decade of Disabled persons has been launched by the National Organization on Disability (N.O.D.). During the campaign, a series of six posters will be distributed throughout the United States. Each poster depicts a disabled person who has achieved full participation in his or her area of interest or occupation.

The subject of the first poster is 10-year old Ernestina Verduzco from San Francisco, who lost both legs in a train accident when she was four. She is an active little girl, and is depicted in the poster participating in one of her favorite pastimes, playing the recorder in her school's music class.

Supported by N.O.D., one thousand Community Partnership Committees across the United States are working to expand opportunities for persons with disabilities, such as Ernestina. In Ernestina's home town, San Francisco, the Partnership Committee is the Mayor's Council on Disabilities which is chaired by the Rev. Norman E. Leach.

The black and white, 18" x 24" posters were created by the Eastman Kodak Company and produced by the Westinghouse Electric Corporation. N.O.D. plans to release a different poster every other month throughout

1983. The remaining posters picture a professor who is blind, a truck driver who is paraplegic, a tennis player with one leg, a corporate executive with a hearing impairment, and a wheelchair user at the ballot box.

The posters will be distributed to N.O.D.'s Community Partnership Committees, 300 national organizations, corporations, all state governors, agencies of the U.S. government, and other affiliated parties. Single copies are available free upon request from The National Organization on Disability, Suite 232, 2100 Pennsylvania Avenue, N.W., Washington, DC 20037, (202) 293-5960.

## Professional Training Rehabilitation Counseling

Applications are now available for professional training in vocational rehabilitation counseling offered at the suburban Philadelphia branch of the Devereux Foundation, a group of multidisciplinary residential treatment, special education and rehabilitation centers. A full-time, 12-month program of training and experience is offered in counseling with mentally retarded and emotionally disturbed adolescents and young adults presenting problems of learning and personal adjustment. Training and supervised experience may include: diagnostic vocational appraisals, individual and group counseling, prescriptive treatment planning, sheltered workshop and selective job placement, participation in rehabilitation case conferences, milieu therapy and crisis intervention, residential treatment and social rehabilitation. A number of combined stipends and housing allowances are available to qualified U.S. citizens. Information and applications are available from: Dr. Henry Platt, Director, The Devereux Foundation, Institute of Clinical Training and Research, 19 South Waterloo Road, Box 400, Devon, PA 19333.

## Polio (Continued from page 15)

- 4) Making governmental representatives aware of polio and post-polio problems via the Conference proceedings and hearings on research, information, training and funding of programs to address these problems.
- 5) Clarifying the current policy of the March of Dimes toward polio survivors.
- 6) Forming support groups through independent living centers and local chapters of the National Easter Seal Society.
- 7) Forming alliances with other respiratory and chronic disability populations.

The Steering Committee will report to a Third International Post-Polio Conference in 1985.

For more information contact: Rehabilitation Gazette's Second International Post-Polio Conference, 4502 Maryland Avenue, St. Louis, MO 63108, (314) 361-0475.



# NEW PUBLICATIONS

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## MATERIALS CATALOG

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The 1983 publications and materials catalog is currently available from The Ohio State University Nisonger Center. The materials cover a range of topics related to mental retardation and developmental disabilities, vocational programming, rights of the handicapped, and program administration and management. These materials have been developed for professionals, advocates, and parents interested in developmental disabilities, and many are especially appropriate for staff training and development in agencies serving persons with developmental disabilities. To request the free catalog, write: Publications, The Ohio State University Nisonger Center, Room 434 McCampbell Hall, 1580 Cannon Drive, Columbus, OH 43210.

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## HOME CARE

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The National HomeCaring Council has announced the publication of two major documents on the delivery of homemaker/home health aide services to developmentally disabled persons and their families in the home setting. The *Manual for Instructors* is a looseleaf compendium on expanding the capability of experienced home health aides who work in such settings (available at \$14). The second publication, *Handbook for the Aide*, recaps course material in a pocket-sized booklet (\$4.25). Available from: National HomeCaring Council, 67 Irving Place, New York, NY, (212) 674-4990.

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## GROUP HOMES

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*Planning and Operating Group Homes for the Handicapped* by Grace Strano Youngblood and Gerard J. Bensberg is oriented toward supervisors and administrators who have responsibility for developing and operating community-based residential facilities for the handicapped. The project was supported in part by a grant from the National Institute of Handicapped Research. The text consists of six chapters that detail important areas of concern to the service provider who is attempting to set up group homes for clients, including: funding sources, zoning regulations, strategies for overcoming restrictive zoning, rules and regulations for intermediate care facilities for the mentally retarded, accreditation standards for quality programming, staff training and orientation, model facilities and supervision, staffing patterns, staff/tenant relationships, housing considerations, accessibility considerations, community resistance and acceptance, and the law's effects through legislative and court rulings. The appendices include an annotated bibliography, sample fire-safety code regulations, and state agency addresses for further sources of information on the independent living movement. This 264 page softcover book is available at \$10 from: Research and Training Center in Mental Retardation, Texas Tech University, Box 4510, Lubbock, TX 79409, (806) 742-3131.

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## DEVELOPMENTAL DISABILITIES

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*From the 60s into the 80s: An International Assessment of Attitudes and Services for the Developmentally Disabled* is a collection of papers from a conference organized by the Young Adult Institute & Workshop, Inc., of New York, in support of the International Year of Disabled Persons, April 6-10, 1981. The Conference was planned to celebrate two decades of achievements in the field of mental retardation, and received support through grants from the New York State Office of Mental Retardation and Developmental Disabilities and the U.S. Department of Health and Human Services. Niels Erik Bank-Mikkelsen and Bengt Nirje were credited as authors and chief proponents of the normalization principle and the movement towards deinstitutionalization, whose lecture tour of 20 years ago helped to establish that concept as the accepted humanistic treatment modality for mentally retarded and developmentally disabled people around the world. The Conference provided an opportunity for an American reunion for Bank-Mikkelsen and Nirje to coincide with the International Year of Disabled Persons. In attendance at the Conference were 2500 people, including an international array of renowned professionals, administrators, and academicians who had been particularly affected by the theories of Nirje and Bank-Mikkelsen, and who had been most effective in implementing these concepts. The foreword of the book includes "The Principle of Normalization" by Bank-Mikkelsen, and "Participation and the Citizens' Share" by Nirje. It is followed by eight sections of papers analyzing the issues, past and future, in the mental retardation field. All articles are followed by bibliographic references to more literature. The book is available at \$15 from: Young Adult Institute & Workshop, Inc., 460 West 34th Street, New York, NY 10001.

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## VISUAL IMPAIRMENT

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*The Smith-Kettlewell Technical File*, a quarterly technical journal for blind and visually-impaired readers, is available from the Smith-Kettlewell Eye Research Foundation. This do-it-yourself magazine is based upon the concept that given the proper tools, knowledge, and circuits of exemplary prototype assistive devices, the blind can become involved in solving some of the problems they face. The Journal provides its readers with information such as: electronics and radio theory; data on integrated circuits; instructions for constructing devices designed by the Rehabilitation Engineering Center located at the Smith-Kettlewell Institute for Visual Sciences; available electronic test equipment; hints on soldering and the use of power tools; and related bibliographies produced in Braille, large print, and recorded form by various organizations. The *Technical File* is available for \$15.00 per year (Braille or large print edition), and \$8.00 per year (Talking Book version) from the Smith-Kettlewell Eye Research Foundation, 2232 Webster Street, San Francisco, CA 94115.

# NEW PUBLICATIONS

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## EDUCATION

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*The Bridge Model: A New Approach to Help Build Parent-Educator Teams for Handicapped Children* is a guide for carrying out a training model that was developed by the Parents' Campaign for Handicapped Children and Youth and the Council for Exceptional Children. The goal of the Bridge Model—to strengthen communication skills and positive working relationships among parents and educators—is woven into a sequence of planning activities culminating in a unique one-day workshop. The model has been tested successfully in urban and rural locations throughout the country. The manual contains step-by-step instructions covering all phases needed to produce the workshop, with a section on effective planning, a detailed curriculum with "how-to" tips for all activities, and a guide to assist facilitators in conducting the training. Project staff will also provide technical assistance to groups wishing to use the Bridge Model. Single copies of *The Bridge Model* are available for \$2 postage and handling from: The Parents' Campaign for Handicapped Children and Youth, 1201 16th Street, N.W., Washington, DC 20036.

The HEATH (Higher Education and the Handicapped) Resource Center, a project funded by the U.S. Department of Education, has produced three fact sheets and a packet on careers in working with handicapped people. The HEATH Resource Center is a national clearinghouse on postsecondary education for disabled people.

*Cost Effective Ideas for Serving Disabled Students on Campus* was prepared for trustees, administrators, and other planners in the higher education community. It identifies long range planning strategies, suggests specific questions to ask prior to initiating a program or purchasing equipment, pinpoints a number of cost effective ideas now in use on American campuses, and includes an annotated resource list.

*Education for Employment* is a guide to postsecondary vocational education for students with disabilities. Vocational education is described within the historical and legislative perspectives and then focuses on how the components of a vocational education program can be adapted to include disabled students. Examples from a variety of postsecondary programs illustrate how assessment, curriculum modifications, devices and technology, testing, and job development have been made accessible to students with disabilities. Recommendations are included for administrators, instructors, support staff, and students.

*Vocational Rehabilitation Services, A Postsecondary Student Consumer's Guide* provides an overview of both the system and the process of accessing it. A State Agency List is included to help in locating a vocational rehabilitation office.

*Careers Working with Handicapped People* is a packet

of information containing the HEATH brochure, an article by the Clearinghouse on the Handicapped titled "Careers in Helping the Handicapped," the Student's Guide to Five Federal Financial Aid Programs, and a list of other financial resources for students.

These materials are available without charge from: HEATH Resource Center, One Dupont Circle, N.W., Washington, DC 20036, (202) 833-4707 (Voice or TDD).

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## MAINSTREAMING

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*Accepting the Disabled: A Program for Elementary School* is a teacher's guidebook and curriculum developed by the Evanston Auxiliary of the Rehabilitation Institute of Chicago, in connection with the Community Consolidated School District No. 65 and Dr. Albert Lang. The guidebook and curriculum are designed to help facilitate children's acceptance of the disabled. Everyday needs, fears, and frustrations the average classroom teacher faces in mainstreaming a disabled child and/or sensitizing non-disabled children are addressed. The purposes of the curriculum are to enable children to learn how to cope with their own feelings and fears about disabled people and how to channel these feelings productively into helping others. The lessons included in the book represent approaches and techniques used by the staff in District No. 65 to increase the receptiveness of the school environment to the physically disabled child, and include suggested activities for the primary, intermediate and middle grade levels. This 77 page looseleaf book is available at \$17.50 from: Education and Training Center, Rehabilitation Institute of Chicago, 345 East Superior Street, Chicago, IL 60611, (312) 649-6184.

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## AUTISM

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*Autism in Adolescents and Adults*, edited by Eric Schopler and Gary B. Mesibov of the University of North Carolina School of Medicine is a collection of papers from experts in the field. It is intended for developmental, educational, and clinical psychologists, and psychiatrists, or as a graduate-level textbook. The book begins with an overview of both autistic and normal adolescence. The contributors then survey the needs of autistic adolescents and adults, considering problems with language, education, recreation, vocational training, medical needs, sex education, and management of aggression. Other problems explored include family perspectives, stress and coping strategies, legal needs, and such social and community issues as residential and community based services. This 450-page hardbound book is available at \$35 from: Plenum Publishing Corporation, 233 Spring Street, New York, NY 10013.

# NEW PUBLICATIONS

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## LIVING AIDS

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In the November/December 1982 *Programs for the Handicapped*, the *Directory of Living Aids for the Disabled Person* was listed in the article "New Rehabilitation Product Information" as being available only from the U.S. Government Printing Office. At this time, a limited number of single copies of the Directory are available at no charge from the Veterans Administration Marketing Center, Code 904G, P.O. Box 76, Hines, IL 60141. This Directory lists and briefly describes assistive devices for persons with disabilities and includes names and addresses of manufacturers.

## COMMUNICATION AIDS

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"Features of Commercially Available Communication Aids" is a comparative chart of commercially-available communication aids that are currently on the market for the non-speaking, severely physically handicapped individual. The aids listed are those with a delivery date of under two months for which services are available. For each device, there is information about the manufacturer or distributor with an address and telephone number, the general operating technique, selection technique, language content, standard communication outputs, optional outputs available, portability, possibility of rental, and price range. The chart is available at \$1 from: Prentke Romich Company, 8769 Township Road 513, Shreve, OH 44676-9421. Telephone: (216) 567-2906.

## Committee

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(Continued from page 4)

tions were given to members for their review and comment at the next Committee meeting, July 20.

Heads of several Federal agencies administering programs for handicapped individuals also briefed Committee members on current activities in their departments and offered recommendations on improving communication between agencies. Representatives of Congressional committees with oversight on Federal activities for handicapped individuals discussed their concerns and goals for ICHR, and reviewed legislative and funding initiatives.

A well coordinated research program among Federal agencies is the primary intent of the Interagency Committee as mandated by Section 202 of the 1978 Rehabilitation Act, which also created NIHR.

## MUSIC

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*Elementary Piano for One Hand* by Joseph Riccardi and August Vella is written for people who have the use of only one arm and hand yet have the desire to play the piano. The music is written to be played by the left hand, but by changing the fingering, the right hand could be used just as well. The book can be used with beginners of any age. Available at \$4.95 from: The Boston Music Company, 116-122 Boylston Street, Boston, MA 02116.

## Board

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(Continued from page 7)

three join 11 federal representatives on the 22 member Board and bring to six the number of public members who are disabled.

Chavez is founder and president of Chavez and Associates Institute in Los Angeles, a 10-year-old school with a staff of 17 which rehabilitates 500 to 600 disadvantaged and physically handicapped students annually. Chavez, who was stricken with polio at age 5, uses braces and crutches and sleeps in an iron lung to combat recurring pneumonia attacks. He studied psychology and Spanish at California State University in Los Angeles, and is president of Educational Designs, Inc. in L.A.

Front is executive director of the Wheeling, West Virginia, Society for Crippled Children, where she plans and develops programs, supervises a staff of 25 and oversees more than 600 clients. She contracted polio when she was 12 years old and uses a wheelchair. She holds a master's degree in speech pathology from Wayne State University in Detroit and a bachelor's degree from Southern Illinois University at Carbondale.

McSpadden is a personnel supervisor for Southwestern Bell in Little Rock. He began losing his sight at age 13 and was totally blind by 21. He is a graduate of the Arkansas School for the Blind and Arkansas State University, where he earned a bachelor's degree.

In 1978, Congress authorized the President to appoint eleven public members to the Board, requiring that at least five of the eleven be disabled.

## **FINAL REMINDER**

This is your last chance to renew your free subscription to *Programs for the Handicapped*. If you have not done so already, please fill out and return the postcard inserted in this issue. Names of individuals who do not return the card will be dropped from the mailing list. Thank you for continuing to be a faithful reader!

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